FOR COUNTY USE ONLY

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County of San Bernardino

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CONTRACT TRANSMITTAL

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New Char		Vendor Cod	de	SC	Dent.	Α		Contrac	ct Number	
County Department			Dept.	Org	n.	C	Contractor'	s License No.		
Prescho	ol Service	es Department								
County Department Contract Represer Roberta York			tative Telephone 2355			Total Contract Amount \$895,278				
		Encumbered Dr revenue contrac	Unencumbe		Other	•				
	mmodity Co		ct Start Date			ate	Original A	Amount	Amendment A	Amount
Fund RSC	Dept. HPS	Organization HPS	Appr.	Obj/Re	ev Sour	се	GRC/PRO	J/JOB No.	Amoun	t
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	Project N	Name		E	stimate	d Pa	yment Tota	al by Fiscal	Year	
	Time Pro		FY		mount	— ·	Í/D	FÝ	Amount	I/D

CONTRACTOR	CONTRACTOR Region IX Office, Administration for Children and Families			
Federal ID No. o	Federal ID No. or Social Security No.			
Contractor's Representative Marcia Beersdorf, Program Specialist				
Address 50 U	nited Nations Plaza, Rm. 450, San Francisco, CA 94102 Phone	(415) 556-7408		

Nature of Contract: (Briefly describe the general terms of the contract)

Preschool Services Department (PSD) will submit an application to the Region IX Office of the Administration for Children and Families to seek supplemental funding for One-Time Program Improvement for the Head Start Program, effective July 1, 2003, through June 30, 2004. The total grant amount is \$895,278. THIS IS NOT A COVER IN THIS IS NOT A COVER IN THIS IS NOT A COVER IN THIS IS A COVER IN THE COVER IN THIS IS A COVER IN THE COVER IN THIS IS A COVER IN THE COVER IN THE

There is no County cost.

(Attach this transmittal to all contracts not prepared on the "Standard Contract" form.)

Approved as to Legal Form (sign in blue ink) Reviewed as to Contract Compliance Presented to BOS for Signature

Auditor/Controller-Recorder Use Only

☐ Contract Data	base □ FAS	
Input Date	Keyed By	

County Counsel		Department Head
Date	Date	Date

Auditor/Controller-Recorder Use Only

☐ Contract Datal	base 🗆 FAS
Input Date	Keyed By